IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)   :   Akira NONAKA et. al.

Serial No.   :   09/741,668

For   :   **DATA PROCESSING APPARATUS, DATA PROCESSING SYSTEM, AND DATA PROCESSING METHOD THEREFOR**

Filed   :   December 19, 2000

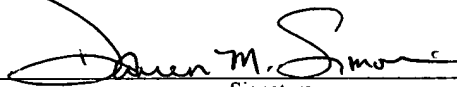Examiner   :   Z. Davis

Art Unit   :   2137

745 Fifth Avenue
New York, NY 10151
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with The United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, Alexandria, VA 22313-1450, on September 1, 2004.

Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative

Signature

September 1, 2004
Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued June 1, 2004, please consider the following amendment to the above-referenced application.

00216014

PATENT
450100-02904

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Mail Stop Amendment
COMMISSIONER FOR PATENTS
Alexandria VA, 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

__X__ No additional fee is required.

___ The fee has been calculated as shown below.

___ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

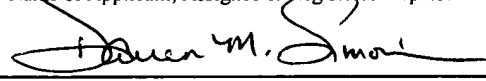| (1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	20	Minus	56 =	0 ×	$18(9)	= $0
Independent claims	3	Minus	11 =	0 ×	$86(43)	= $0
			Total additional fee for This amendment			$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $290 ($145) has been previously paid _, or is paid herewith _.

☐ This response is being filed within the month following the expiration of the term originally set therefor.

☐ This is a petition to request a **month** extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $ .00 is attached, which covers the cost of ☐ additional claims **and** ☐ -month petition for extension of time.

☐ Charge $_ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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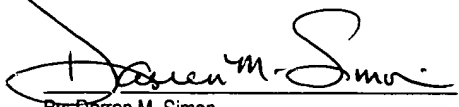
Darren M. Simon, Reg. No. 47,946

_____
Name of Applicant, Assignee or Registered Representative

_____
Signature

_____September 1, 2004_____
Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

By: Darren M. Simon
Reg. No. 47,946
Tel. (212) 588-0800

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